Form (RF-3)

#### Summary Sheet

| Change in Company's premium or rate level produc | 3/1/11 New Business         |                     |
|--|-----------------------------|---------------------|
| (1)  | (2)                         | 5/3/11 Renewals (3) |
|  | Annual Premium              | Percent             |
| Coverage .                                       | Volume (Illinois)*<br>(000) | Change (+ or -) **  |
| 1. Automobile Liability                          | • •                         |                     |
| Private Passenger                                | \$28,290                    | +11.4%              |
| Commercial                                       |                             |                     |
| 2. Automobile Physical Damage                    |                             |                     |
| Private Passenger                                | \$16,509                    | +11.6%              |
| Commercial                                       |                             |                     |
| 3. Liability Other Than Auto                     |                             |                     |
| 4. Burglary and Theft                            |                             |                     |
| 5. Glass   |                             |                     |
| 6. Fidelity                                      |                             |                     |
| 7. Surety  |                             |                     |
| 8. Boiler and Machinery                          |                             |                     |
| 9. Fire  |                             |                     |
| 10. Extended Coverage                            |                             |                     |
| 11. Inland Marine                                |                             |                     |
| 12. Homeowners                                   |                             |                     |
| 13. Commercial Multi-Peril                       |                             |                     |
| 14. Crop Hail                                    |                             |                     |
| 15. Worker's Compensation                        |                             |                     |
| 16. Other  |                             |                     |
| Line of Insurance                                |                             |                     |

Does the filing apply to certain territory (territories) or certain classes? If so, specify: Territory factor adjustments to territories 4014, 4015, 6713, 6714, 6812, 6913, 7312, 7313, 7610, 7611, 8112, 8113, 9114, 9115, 9213, 9214. Class factor adjustments to classes MF 14-25, MF 64-100+, MM 14-25, MM 64-100+, SF 14-25, SF 64-100+, SM 14-33, SM 64-100+.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adjustments to Base Rates, Age Point Factors, Points Factors, Driving Record Discount, Pay-Plan Factors, Rollover-Renewal Discount Matrix Factors, Non-Licensed Driver Surcharge, Deductible Factors, Territory Factors, and Driver Class Factors. Removal of renewal rate capping.

| * | Adjusted | to reflect | all prior | r rate change | s |
|---|----------|------------|-----------|---------------|---|
|---|----------|------------|-----------|---------------|---|

\*\* Change in Company's premium level which result from application of new rates.

| Affirmative Insurance Company |  |
|-------------------------------|--|
| Name of Company               |  |
| <br>Patrick Judge             |  |
| <br>Product Analyst           |  |

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2011 New Business + will lecrewas

| -   | (1)  | (2)<br>Annual Premium         | (3)<br>Percent            |
|-----|--|-------------------------------|---------------------------|
|     | Coverage -   | Volume (Illinois) *           | Change (+or-) **          |
| 1.  | Automobile Liability Private   |                               |                           |
|     | Passenger  | \$2,746,721                   | 1.4%                      |
|     | Commercial   |                               |                           |
| 2   | Automobile Physical Damag  |                               |                           |
|     | Private Passenger  |                               |                           |
|     | Commercial   |                               |                           |
| 3.  | Liability Other Than Auto  |                               |                           |
| 4.  | Burglary and Theft   |                               |                           |
| 5.  | Glass  |                               |                           |
| 6.  | Fidelity   |                               |                           |
| 7.  | Surety   |                               |                           |
| В.  | Boiler and Machinery   |                               |                           |
| 9.  | Fire   |                               |                           |
| 10. | Extended Coverage  |                               |                           |
| 11. | Inland Marine  |                               |                           |
| 12. | Homeowners   |                               |                           |
| 13. | Commercial Multi-Peril   |                               |                           |
| 14. | Crop Hail  |                               |                           |
| 15. | Other  |                               |                           |
|     | Life of Insurance  |                               |                           |
| •   | Does filing only apply to certa                                      | in territory (territories) or | certain                   |
|     | Classes? If so,  |                               |                           |
| •   | specify: No, this  | was a base rate increase      |                           |
|     | Brief description of filing. (If f                                   | iling follows rates of an a   | dvisorv                   |
|     | Organization, specify  | <b>3</b>                      | ,                         |
|     | organization):   | This filing applies to ou     | r Allied Program only     |
|     | (Chicagoland). Increase base rate                                    | for Uninsured Motorist Bodily | Injury                    |
|     |  |                               | *                         |
|     | *Adjusted to reflect all prior ra<br>**Change in Company's premates. |                               | t from application of new |
|     | , 0, 00  | American Alliance             | Casualty Company          |
|     |  |                               | ne of Company             |
|     |  |                               | - Underwriting Manager    |
|     |  |                               | Official - Title          |

# SUMMARY SHEET Form (RF-3)

|           |   |                                  | 4/5/2011                              |
|-----------|---|----------------------------------|---------------------------------------|
| Change in | n Company's premium or rate level produ   | ced by rate revision effective:  | 6/7/2011                              |
| PROGRA    | M: ASI IL PATRIOT   |                                  |                                       |
|           | (1)   | (2)                              | (3)                                   |
|           |   | Annual Premium                   | Percent                               |
|           | <u>Coverage</u>   | Volume (Illinois)*               | <u>Change (+ or -)**</u>              |
| 1         | Automobile Liability  |                                  |                                       |
|           | Private Passenger<br>Commercial   | \$1,233,721                      | +8.72%                                |
| 2         | Automobile Physical Damage  |                                  |                                       |
|           | Private Passenger<br>Commercial   | \$562,298                        | +2.62%                                |
| 3         | Liability Other Than Auto   |                                  |                                       |
| 4         | Burglary and Theft  |                                  |                                       |
| 5         | Glass   |                                  |                                       |
| 6         | Fidelity  |                                  |                                       |
| 7         | Surety  |                                  |                                       |
| 8         | Boiler and Machinery  |                                  |                                       |
| 9         | Fire  |                                  |                                       |
| 10        | Extended Coverage   |                                  |                                       |
| 11        | Inland Marine   |                                  |                                       |
| 12        | Homeowners  |                                  |                                       |
| 13        | Commercial Multi-Peril  |                                  |                                       |
| 14        | Crop Hail   |                                  |                                       |
| 15        | Other   |                                  |                                       |
| Filing ap | ng only apply to certain territory (terr<br>plies to all territories and all driver o<br>es or driver classes in the IL Metro a | classes in the IL Downstate area | · · · · · · · · · · · · · · · · · · · |
| Brief de  | scription of filing. (If filing follows rat   | tes of an advisory organization, | specify organization):                |
| Base rat  | e changes to BI, PD, MP, UM, UMPD   | , UIM, CP and CL. New driver c   | lass factors for all classes.         |
|           |   |                                  | -                                     |
|           | * Adjusted to reflect all prior rate ch   | _                                |                                       |
| ,         | ** Change in Company's premium le   |                                  |                                       |
|           | result from application of new rat  | es.                              |                                       |
|           |   | ٨                                | ican Carvica Incurance                |
|           |   |                                  | ican Service Insurance                |
|           |   | IV.                              | lame of Company                       |

Rob Dawson

AVP, Regional Product Manager

# Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| Cha | ange in Company's premium or rate lev   | el produced by rate revision effective             | 6/1/2011                                   |
|-----|---|--|--|
|     | (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1.  | Automobile Liability Private Passenger Commercial                                 | 81,066   | 0.0%                                       |
| 2.  | Automobile Physical Damage  | 81,000   | 0.076                                      |
| ۷.  | Private Passenger Commercial  | 40.288   | -0.7%                                      |
| 3.  | Liability Other Than Auto   | 40,200   |  |
| 4.  | Burglary and Theft  |  |  |
| 5.  | Glass   | -  |  |
| 6.  | Fidelity  |  |  |
| 7.  | Surety  |  |  |
| 8.  | Boiler and Machinery  |  |  |
| 9.  | Fire  |  |  |
|     | Extended Coverage   |  |  |
|     | Inland Marine   |  |  |
|     | Homeowners  |  |  |
|     | Commercial Multi-Peril  |  |  |
|     | Crop Hail   |  |  |
| 15. | Other   |  |  |
|     | Line of Insurance   |  |  |
| Πα. | on filing anh cambi to partain torritors /t                                       | orritorica) or cartain alabase? If an anacifu      | Nie  |
| DO  | es illing only apply to certain territory (t                                      | erritories) or certain classes? If so, specify:    | No   |
|     |   | ates of an advisory organization, specify org      | anization):                                |
| Mod | ified Symbol Definitions  |  |  |
|     | <del>,,,,,,</del>   |  |  |
|     | ljusted to reflect all prior rate changes.<br>hange in Company's premium level wh | nich will result from application of new rates.    |  |
|     |   | Auto Club F  | amily Insurance Company                    |
|     |   |  | me of Company                              |
|     |   | Daniel Wightman - Compliance                       | e Analyst, Insurance Administration        |
|     |   |  | Official – Title                           |

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective |  |  | 6/1/2011                                   |  |
|---|--|--|--|--|
|   | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |
| 1.  | Automobile Liability Private   |  |  |  |
|   | Passenger Commercial   | 4,306,578  | 0.0%                                       |  |
| 2.  | Automobile Physical Damage   |  |  |  |
|   | Private Passenger Commercial   | 3,928,618  | 0.12%                                      |  |
| 3.  | Liability Other Than Auto  |  |  |  |
| 4.  | Burglary and Theft   |  |  |  |
| 5.  | Glass  |  |  |  |
| 6.  | Fidelity   |  |  |  |
| 7.  | Surety   |  |  |  |
| 8.  | Boiler and Machinery   |  |  |  |
| 9.  | Fire   |  |  |  |
|   | Extended Coverage  |  |  |  |
|   | Inland Marine  |  |  |  |
|   | Homeowners Commercial Multi-Peril  |  |  |  |
|   | Crop Hail  |  |  |  |
|   | Other _  |  |  |  |
| 10.   | Line of Insurance  |  |  |  |
|   | Line of mourance   |  |  |  |
| Doe   | es filing only apply to certain territory (te                                      | erritories) or certain classes? If so, specify:    | No   |  |
|   | ef description of filing. (If filing follows ra<br>ified Symbol Definitions        | tes of an advisory organization, specify org       | ganization):                               |  |
|   | ljusted to reflect all prior rate changes.<br>hange in Company's premium level whi | ich will result from application of new rates.     |  |  |
|   |  | Auto Club  | Inter Insurance Exchange                   |  |
|   |  |  | ame of Company                             |  |
|   |  | Daniel Wightman - Compliano                        | e Analyst, Insurance Administration        |  |
|   |  | \  | Official – Title                           |  |

| (       | Change in Company's premium or rate  | level produced by rate revision effecti   | ve August 1, 2011                             |
|---------|--|---|---|
|         | (1)  | (2) Annual Premium  | (3) Percent Change (+ or -)**                 |
|         | <u>Coverage</u>  | Volume (Illinois)*  | Change (+ or -)                               |
| 1.      | Automobile Liability<br>Private Passenger<br>Commercial                                | 2,500,803   | +2.46%  |
| 2.      | Automobile Physical Damage<br>Private Passenger<br>Commercial                          | 1,781,951   | -2.07%  |
| 3.      | Liability Other Than Auto  |   |   |
| 4.      | Burglary and Theft   |   |   |
| 5.      | Glass  |   |   |
| 6.      | Fidelity   |   |   |
| 7.      | Surety   |   |   |
| 8.      | Boiler and Machinery   |   |   |
| 9.      | Fire   |   |   |
| 10.     | Extended Coverage  |   |   |
| 11.     | Inland Marine  |   |   |
| 12.     | Homeowners   |   |   |
| 13.     | Commercial Multi-Peril   |   |   |
| 14.     | Crop Hail  |   |   |
| 15.     | Other  |   |   |
|         | Line of Insurance  |   |   |
| Does f  | iling only apply to certain territory (ter<br>ting a new territory 83 from current ter | ritories) or certain classes? If so, spec<br>ritory 34.                           | ify:  |
| Brief o | description of filing. (If filing follows se base rates all coverage except Unins      | rates of an advisory organization, spec-<br>sured Motorists, Revise Package Credi | rify organization):<br>t and Insurance Score. |
|         |  | Ca  | entral Mutual Ins Co                          |
| Cent    |  | Name of Company   |   |
| H2919   | PD   |   |   |
|         |  |   | Irs.) Petrise Meyer                           |
|         |  | Sr  | Rates and Forms Analyst                       |
|         |  |   | Official - Title                              |

| n (RF          | <u>S</u> -3)   | UMMARY SHEET  |  |
|----------------|--|---|--|
| Cha            | nge in Company's premium or rate le  | evel produced by rate revision effective  | 04/11/11                               |
|                | (1)  | (2)   | (3)                                    |
|                | (1)  | Annual Premium  | Percent                                |
|                | Coverage   | Volume (Illinois)*  | Change (+ or -)*                       |
|                | Coverage   | <u> </u>  |  |
| 1.             | Automobile Liability   |   |  |
|                | Private Passenger  | \$3,786,245   | 4.8%                                   |
|                | Commercial   |   |  |
| 2.             | Automobile Physical Damage   |   |  |
|                | Private Passenger  | \$2,273,518   | 0.0%                                   |
|                | Commercial   |   |  |
| 3.             | Liability Other Than Auto  |   |  |
| 4.             | Burglary and Theft   |   |  |
| 5.             | Glass  |   |  |
| 6.             | Fidelity   | -   |  |
| 7.             | Surety   |   |  |
| 8.             | Boiler and Machinery   |   |  |
| 9.             | Fire   |   |  |
| 10.            | Extended Coverage  |   |  |
| 11.            | Inland Marine  |   |  |
| 12.            | Homeowners   |   |  |
| 13.            | Commercial Multi-Peril   |   |  |
| 14.            |  |   |  |
| 15.            | Other  |   |  |
| Brie With Disc | of description of filing. (If filing follows this change Encompass is proposing count, IS Group Factors, Easy Pay Descriptions see the attached manuals for more | ows rates of an advisory organization, spe<br>g a +3.0% rate change. Revisions includiscount, and the Special Value Factor. | ecify organization):<br>e PPD, Package |
| Apr            | il 11, 2011 and renewal business is J  | une 18, 2011.   |  |
|                | djusted to reflect all prior rate change<br>Change in Company's rate level which   | es.  h will result from application of new rate  Encompass Home and Auto Name of Con  | Insurance Company                      |
|                |  | Official - T  | iitla                                  |
|                |  | Omeiai - I  | iue                                    |

| m (RF | <u>SU</u>  | MMARY SHEET  |                   |
|-------|--|--|-------------------|
| Char  | nge in Company's premium or rate lev   | rel produced by rate revision effective  | 06/18/11          |
|       | (1)  | (2)  | (3)               |
|       | (.)  | Annual Premium   | Percent           |
|       | Coverage   | Volume (Illinois)*   | Change (+ or -)** |
|       |  |  |                   |
| 1.    | Automobile Liability   |  |                   |
|       | Private Passenger  | \$1,722,114  | 3.0%              |
|       | Commercial   |  |                   |
| 2.    | Automobile Physical Damage   |  |                   |
|       | Private Passenger  | \$1,194,172  | _3.0%             |
|       | Commercial   |  |                   |
| 3.    | Liability Other Than Auto  |  |                   |
| 4.    | Burglary and Theft   |  |                   |
| 5.    | Glass  |  |                   |
| 6.    | Fidelity   |  |                   |
| 7.    | Surety   |  |                   |
| 8.    | Boiler and Machinery   |  |                   |
| 9.    | Fire   |  |                   |
| 10.   | Extended Coverage  |  |                   |
| 11.   | Inland Marine  |  |                   |
| 12.   | Homeowners   |  |                   |
| 13.   | Commercial Multi-Peril   |  |                   |
| 14.   | Crop Hail  |  |                   |
| 15.   | Other  |  |                   |
| No.   |  | (territories) or certain classes? If so, sp  |                   |
|       |  | ws rates of an advisory organization, spents 4.3.0% rate level increase for the Encore |                   |
|       | pany of America Private Passenger A  |  | inpass msurance   |
|       |  | details. The effective date for renewal b  | vicinece.         |
|       | ne 18, 2011.   | details. The effective date for renewal o  | dsiliess          |
| 18 Ju | ne 18, 2011.   |  |                   |
|       | ljusted to reflect all prior rate changes<br>hange in Company's rate level which | . will result from application of new rates  | 3.                |
|       |  | E C  |                   |
|       |  | Encompass Insurance Con<br>Name of Com   |                   |
|       |  | Name of Con  | .pu.iy            |
|       |  | Official - Ti  | itle              |

| Change in Company's premium or rate level produced by rate<br>revision effective:   | 04/14/2011 NB & 0                      | 04/14/2011 NB & 05/30/2011 RNL |  |  |
|---|--|--------------------------------|--|--|
| (1)<br><u>Coverage</u>  | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+ or -)    |  |  |
| Automobile Liability     Private Passenger     Commercial   |  |                                |  |  |
| Automobile Physical Damage     Private Passenger     Commercial   | 0                                      | 0.0%                           |  |  |
| 3. Liability Other Than Auto  |  |                                |  |  |
| Burglary and Theft     Glass  |  |                                |  |  |
| 6. Fidelity   |  |                                |  |  |
| 7. Surety   |  |                                |  |  |
| 8 Boiler and Machinery 9 Fire   | · · · · · · · · · · · · · · · · · · ·  |                                |  |  |
| 10. Extended Coverage   |  |                                |  |  |
| 11. Inland Marine   |  |                                |  |  |
| 12. Homeowners  |  |                                |  |  |
| 13. Commercial Multi-Peril  |  |                                |  |  |
| 14. Crop Hail   |  |                                |  |  |
| 15. OtherLine of Insurance  |  |                                |  |  |
| Does filing only apply to certain territory (territories) or certain classes? If so, specify:   |  |                                |  |  |
| 100   |  |                                |  |  |
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization):   |  |                                |  |  |
| Specifically, a new product for voluntary automobile including recreational vehicle business is being introduced at this time. The new product will be offered to new business only. There is no rate impact. | V                                      |                                |  |  |

Adjusted to reflect all prior rate changes.
 Change in Company's premium level which will result from application of new rates.

| Form   | n (RF-3)  | SUMMARY SHEET   |                                 |
|--|---|---|---------------------------------|
|  | Change in Company's premium revision effective July 1, 20   | or rate level produced by rate                                    |                                 |
|  | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)*                       | (3) Percent Change (+ or - ) ** |
|  | Automobile Liability<br>Private Passenger<br>Commercial   | 1,083,455   | 3.2%                            |
| 3.<br>4.<br>5.<br>6.<br>7.<br>8.<br>9.<br>10.<br>11.<br>12.<br>13. | Automobile Physical Damage Private Passenger Commercial Liability other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril* Crop Hail Other | 782,748   | 0.0%                            |
|  | Does filing only apply to certain ter<br>classes? If so, specify: No  | ritory (territories) or certain                                   |                                 |
| E  | Brief description of filing. (If filing organization):  | follows rates of an advisory  Revising Platinum and Preferred bas | se rates for Bodily Injury and  |
| -  | Uninsured Motorists Bodily Injury in a  | III territories.  |                                 |
| _  |   |   |                                 |
| -  |   |   |                                 |
|  | * Adjusted to reflect all prior rate  | changes   |                                 |

- Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

Grange Mutual Casualty Company
Name of Company

Catherine Casterline, Product Manager Official - Title

|       | Change in Company's premium                 | or rate level produced by             | rate revision effective               | March 5, 2011       |
|-------|---|---------------------------------------|---------------------------------------|---------------------|
|       |   |                                       |                                       |                     |
|       |   | (2)                                   | (3)                                   |                     |
|       |   | Annual Premium                        | Percent                               |                     |
|       |   | Volume (Illinois)                     | Change (+ or -)                       |                     |
| 1.    | Automobile Liability                        | · · · · · · · · · · · · · · · · · · · | <del></del>                           |                     |
|       | Private Passenger                           | 344,473                               | 1.4%                                  |                     |
|       | Commercial                                  |                                       |                                       |                     |
| 2.    | Automobile Physical Damage                  |                                       |                                       |                     |
|       | Private Passenger                           | 137,579                               | 2.5%                                  |                     |
|       | Commercial                                  |                                       |                                       |                     |
| 3.    | Liability Other Than Auto                   |                                       |                                       |                     |
| 4.    | Burglary and Theft                          |                                       |                                       |                     |
| 5.    | Glass                                       |                                       |                                       |                     |
| 6.    | Fidelity                                    |                                       |                                       |                     |
| 7.    | Surety                                      |                                       |                                       |                     |
| 8.    | Boiler and Machinery                        |                                       |                                       |                     |
| 9.    | Fire  |                                       |                                       |                     |
| 10.   | Extended Coverage                           |                                       |                                       |                     |
| 11.   | Inland Marine                               |                                       |                                       |                     |
| 12.   | Homeowners                                  |                                       |                                       |                     |
| 13.   | Commercial Multi-Peril                      |                                       |                                       |                     |
| 14.   | Crop Hail                                   |                                       |                                       |                     |
| 15.   | OtherLine of Insurance                      | · · · · · · · · · · · · · · · · · · · |                                       |                     |
|       | Line of insurance                           |                                       |                                       |                     |
|       |   |                                       |                                       |                     |
| Door  | s filing only apply to certain territory    | (territories) or certain class        | sees? If so specify:                  |                     |
| No.   | s filling offiny apply to certain territory | (territories) of certain class        |                                       |                     |
| 140.  |   |                                       | · · · · · · · · · · · · · · · · · · · |                     |
|       |   |                                       |                                       |                     |
|       |   |                                       |                                       |                     |
| Brief | description of filing. (If filing follow    | s rates of an advisory organic        | anization, specify organization       | on):                |
|       | sion of existing class plan. Revised        |                                       |                                       |                     |
| com   | position, personal umbrella accoun          | t discount, market modifie            | rs. and new vehicle discoun           | t. Implementation   |
|       | ne Hartford's proprietary symbols for       |                                       |                                       |                     |
|       | n an accompanying filing.                   | <u></u>                               |                                       | <del></del>         |
|       |   |                                       |                                       |                     |
|       |   |                                       |                                       |                     |
|       |   |                                       | Hartford Fire Ir                      | surance Company     |
|       |   |                                       | Name                                  | of Company          |
|       |   |                                       | Lon Chang - A                         | actuarial Assistant |
|       |   |                                       |                                       | ial - Title         |
|       |   |                                       | Onic                                  | iai - i ilie        |

| (2) Annual Premium Percent Volume (Illinois)  Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hall Other Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify:  ### ARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  #### Commercial Private Percent  #### Company  ################################### |    | Change in Company's premium              | or rate level produced b   | oy rate revision effective  | 3/17/2011                             |
|--|----|--|----------------------------|-----------------------------|---------------------------------------|
| Annual Premium Volume (Illinois) Change (+ or -)  Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ### Apart   |    |  |                            |                             |                                       |
| Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify:  ### HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    |  | Volume (Illinois)          | Change (+ or -)             |                                       |
| Commercial Automobile Physical Damage Private Passenger 8,095,484 0.3% Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    |  |                            |                             |                                       |
| Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hall Other Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify:  Ef description of filing. (If filling follows rates of an advisory organization, specify organization):  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    | Private Passenger                        |                            |                             |                                       |
| Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ### Application of filing. (If filing follows rates of an advisory organization, specify organization):  #### District Company  ### Application of Filing follows rates of an advisory organization, specify organization):  ###################################   |    | Commercial                               |                            |                             |                                       |
| Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  O Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    | Automobile Physical Damage               |                            |                             |                                       |
| Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    | Private Passenger                        | 8,095,484                  | 0.3%                        |                                       |
| Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    | Commercial                               |                            |                             |                                       |
| Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  |    | Liability Other Than Auto                |                            |                             |                                       |
| Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  OSymbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    |  |                            |                             |                                       |
| Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization): D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    |  |                            |                             |                                       |
| Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    | Fidelity                                 |                            |                             |                                       |
| Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    |  |                            |                             |                                       |
| Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization): Disymbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    |  |                            |                             |                                       |
| Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization): D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    |  |                            |                             |                                       |
| Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization): D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    |  |                            |                             |                                       |
| Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization): D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  Disymbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| Es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS  Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| es filing only apply to certain territory (territories) or certain classes? If so, specify:  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS  Name of Company  Thomas Daly - Actuarial Assistant   | •  |  |                            |                             |                                       |
| ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    | s filing only apply to cortain torritor  | (territories) or certain o | lacces If so specify        |                                       |
| ef description of filing. (If filing follows rates of an advisory organization, specify organization):  D Symbols Model Year 2011 Corrections  HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant   |    | •  | •                          | ilasses: il so, specif.     |                                       |
| HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  | •  |  |                            |                             |                                       |
| HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  | _  |  |                            |                             | · · · · · · · · · · · · · · · · · · · |
| HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  |    |  |                            |                             |                                       |
| HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company  Thomas Daly - Actuarial Assistant  | ρf | description of filing. (If filing follow | us rates of an advisory o  | rganization specify organi  | zation).                              |
| HARTFORD INSURANCE COMPANY OF ILLINOIS Name of Company Thomas Daly - Actuarial Assistant   |    |  |                            | ngariization, opoony organi |                                       |
| Name of Company  Thomas Daly - Actuarial Assistant   | ŕ  | Cymbols Model Teal 2011 College          |                            |                             |                                       |
| Name of Company  Thomas Daly - Actuarial Assistant   | _  | ·· <del>············</del>               | ·                          |                             |                                       |
| Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| Name of Company  Thomas Daly - Actuarial Assistant   |    |  |                            |                             |                                       |
| Name of Company  Thomas Daly - Actuarial Assistant   |    |  | н                          | ARTEORD INSURANCE (         | COMPANY OF ILLINOIS                   |
| Thomas Daly - Actuarial Assistant  |    |  | <del>''</del>              |                             |                                       |
|  |    |  |                            | INC                         | ane or company                        |
|  |    |  |                            | Thomas D                    | laly - Actuarial Assistant            |
|  |    |  |                            |                             | Official - Title                      |

|             | Change in Company's premium              | or rate level produce | d by rate revision effective          | 3/17/2011                             |  |
|-------------|--|-----------------------|---------------------------------------|---------------------------------------|--|
|             |  |                       |                                       |                                       |  |
|             |  | (2)                   | (3)                                   |                                       |  |
|             |  | Annual Premium        | Percent                               |                                       |  |
|             |  | Volume (Illinois)     | <u> Change (+ or -)</u>               | _                                     |  |
| 1.          | Automobile Liability                     |                       |                                       |                                       |  |
|             | Private Passenger                        |                       | ·                                     | <del></del>                           |  |
|             | Commercial                               |                       |                                       | _                                     |  |
| 2.          | Automobile Physical Damage               |                       |                                       |                                       |  |
|             | Private Passenger                        | 0                     | 0.3%                                  |                                       |  |
|             | Commercial                               |                       |                                       |                                       |  |
| 3.          | Liability Other Than Auto                |                       |                                       | <del>-</del>                          |  |
| 4.          | Burglary and Theft                       |                       | · · · · · · · · · · · · · · · · · · · | _                                     |  |
| 5.          | Glass                                    |                       | · -                                   | _                                     |  |
| 6.          | Fidelity                                 |                       |                                       | _                                     |  |
| 7.          | Surety                                   |                       | ,                                     | _                                     |  |
| 8.          | Boiler and Machinery                     |                       |                                       | <del></del>                           |  |
| 9.          | Fire                                     | <del></del>           |                                       | _                                     |  |
| 10.         | Extended Coverage                        | •                     |                                       | <del>_</del>                          |  |
| 11.         | Inland Marine                            |                       |                                       | <del></del>                           |  |
| 12.         | Homeowners                               |                       |                                       | <del></del>                           |  |
| 13.         | Commercial Multi-Peril                   |                       |                                       | _                                     |  |
|             | Crop Hail                                |                       |                                       | <del></del>                           |  |
| 14.         | •  |                       |                                       |                                       |  |
| 15.         | OtherLine of Insurance                   |                       | ·                                     | <del>_</del>                          |  |
|             | Line of insurance                        |                       |                                       |                                       |  |
| Doe:<br>No. | s filing only apply to certain territory | •                     | • •                                   |                                       |  |
|             |  |                       |                                       |                                       |  |
|             |  |                       |                                       |                                       |  |
|             |  |                       |                                       |                                       |  |
|             | description of filing. (If filing follow |                       | organization, specify orga            | anization):                           |  |
| <u>ISO</u>  | Symbols Model Year 2011 Correct          | ions                  |                                       |                                       |  |
|             |  |                       |                                       | · · · · · · · · · · · · · · · · · · · |  |
|             |  |                       |                                       |                                       |  |
|             |  |                       |                                       |                                       |  |
|             |  |                       | HARTFORD INSURANCE                    | E COMPANY OF THE MIDWEST              |  |
|             |  |                       |                                       |                                       |  |
|             |  |                       |                                       | Name of Company                       |  |
|             |  |                       | Thomas                                | Daly - Actuarial Assistant            |  |
|             |  |                       | <del> </del>                          | Official - Title                      |  |
|             |  |                       |                                       |                                       |  |

|       | Change in Company's premium or rate level produced by rate revision effective  |  |                              | March 5, 2011       |
|-------|--|--|------------------------------|---------------------|
|       |  |  |                              |                     |
|       |  | (2)                                    | (3)                          |                     |
|       |  | Annual Premium                         | Percent                      |                     |
|       |  | Volume (Illinois)                      | Change (+ or -)              |                     |
| 1.    | Automobile Liability   |  |                              |                     |
|       | Private Passenger  | 905,959                                | 1.4%                         |                     |
|       | Commercial   |  |                              |                     |
| 2.    | Automobile Physical Damage   |  |                              |                     |
| ۷.    | Private Passenger  | 587,902                                | -2.5%                        |                     |
|       | Commercial   | 367,902                                | -2.5 /6                      |                     |
| ^     |  |  |                              |                     |
| 3.    | Liability Other Than Auto  |  | <u> </u>                     |                     |
| 4.    | Burglary and Theft   | ************************************** |                              |                     |
| 5.    | Glass  |  |                              |                     |
| 6.    | Fidelity   |  |                              |                     |
| 7.    | Surety   |  |                              |                     |
| 8.    | Boiler and Machinery   |  |                              |                     |
| 9.    | Fire   |  |                              |                     |
| 10.   | Extended Coverage  | <u></u>                                |                              |                     |
| 11.   | Inland Marine  |  |                              |                     |
| 12.   | Homeowners   |  | -                            |                     |
| 13.   | Commercial Multi-Peril   |  |                              |                     |
| 14.   | Crop Hail  | -                                      |                              |                     |
| 15.   | Other  |  |                              |                     |
|       | Line of Insurance  |  |                              |                     |
|       |  |  |                              |                     |
|       |  |  |                              |                     |
| Does  | s filing only apply to certain territor  | y (territories) or certain cla         | sses? If so, specify:        |                     |
| No.   |  | , ,                                    |                              |                     |
|       |  |  |                              |                     |
|       | And the second s |  |                              |                     |
|       |  |  |                              |                     |
| Rrief | description of filing. (If filing follow   | vs rates of an advisory ord            | anization specify organizati | ion).               |
|       | sion of existing class plan. Revised   |  |                              |                     |
|       | position, personal umbrella accour   |  |                              |                     |
| of Ti | ne Hartford's proprietary symbols for  | or use in Private Passenge             | r Auto vehicle rating. These | proprietary symbols |
|       | n an accompanying filing.  | or use in rilvate rassenge             | Auto vehicle rating. These   | proprietary symbols |
| arei  | in an accompanying liling.   |  |                              |                     |
|       |  |  |                              |                     |
|       |  |  | Hartford Undopuritor         | s Insurance Company |
|       |  |  |                              | Company             |
|       |  |  | Name of                      | Company             |
|       |  |  | Lon Chang - Ac               | tuarial Assistant   |
|       |  |  |                              | al - Title          |
|       |  |  |                              |                     |

# Form (RF-3)

# SUMMARY SHEET

|             | (1)  | (2)  | (3)  |
|-------------|--|--|--|
|             | (-)  | Annual Premium   | Percent  |
|             | Coverage   | Volume (Illinois)*   | <u>Change (+ or -)**</u>                         |
| ١.          | Automobile Liability   |  |  |
|             | Private Passenger  | 121,338,972  | 0.0%   |
|             | Commercial   |  |  |
|             | Automobile Physical Damage   |  |  |
|             | Private Passenger  | 69,784,189   | 0.0%   |
|             | Commercial   |  |  |
|             | Liability Other Than Auto  |  |  |
|             | Burglary and Theft   |  |  |
|             | Glass  |  |  |
|             | Fidelity   |  |  |
| 7.          | Surety   |  |  |
| 3.          | Boiler and Machinery   |  |  |
| ).          | Fire   |  |  |
| ).          | Extended Coverage  |  |  |
| 1.          | Inland Marine  |  |  |
| 2.          | Homeowners   |  |  |
|             | Commercial Multi-Peril   |  |  |
| ٠.          | Crop Hail  |  |  |
| i.          | Other  |  |  |
|             | Line of Insurance  |  |  |
|             |  | erritories) or certain classes? If so, specif  |  |
| es :<br>0,  | filing only apply to certain territory (to certain territory (to certain revisions do not only apply to certain  | tain territories or certain classes.   | y.   |
| ief         | description of filing. (If filing followare renewing our existing Illinois Farr  | s rates of an advisory organization, specification in the Illinois Farmers Insurance Company and Mid-Century in the Illinois Farmers Insurance Company | y organization):<br>y Insurance Company into our |
| ief<br>Ve a | description of filing. (If filing followare renewing our existing Illinois Farr  | s rates of an advisory organization, specifiers Insurance Company and Mid-Century of the Illinois Farmers Insurance Company                            | y organization):<br>y Insurance Company into our |
| o, ief      | description of filing. (If filing followare renewing our existing Illinois Farr Farmers Auto 2.0 (FA2) rating plan in digusted to reflect all prior rate change hange in Company's premium level were revisions. | s rates of an advisory organization, specifiners Insurance Company and Mid-Centurn the Illinois Farmers Insurance Company                              | y organization):<br>y Insurance Company into our |

Change in Company's premium or rate level produced by rate revision effective 5/01/11 New & 6/01/11 Renewals

|     | (1) Coverage  | (2)<br>Annual Premium<br><u>Volume (Illinois)</u> * | (3) Percent Change (+ ex -)** |
|-----|---|---|-------------------------------|
| 1.  |   |   | change (+ or -)               |
| -•  | Automobile Liability Private Passenger  |   |                               |
|     | Commercial  | 14.724.705  | NA                            |
| 2.  | Automobile Physical Damage  | 9.961.831   | NA NA                         |
|     | Private Passenger   |   |                               |
|     | Commercial  |   | <del></del>                   |
| 3.  | Liability Other Than Auto   |   | •                             |
| 4.  | Burglary and Theft  |   |                               |
| 5.  | Glass   |   |                               |
| 6.  | Fidelity  |   |                               |
| 7.  | Surety  |   |                               |
| 8.  | Boiler and Machinery  |   | <del></del>                   |
| 9.  | Fire  |   |                               |
| .0. | Extended Coverage   |   | <del></del>                   |
| 1.  | Inland Marine   |   | <del></del>                   |
| 2.  | Homeowners  |   |                               |
| .3. |   | <del></del>   |                               |
| .4. | ~ - ~ P   |   |                               |
| .5. |   |   |                               |
| .6. |   |   |                               |
|     | Line of Insurance   |   |                               |
|     | s filing only apply to certain terso, specify:  |   |                               |
|     | ef description of filing. (If figanization):  | Revised rating struct                               | ure to rate by zip code       |
| _01 | nly. Adopted ISO symbol relativi  | ties for auto's for mo                              | odel year 2012. Adopted       |
|     | SO 75 symbol relativities for cam   | pers and trailers for                               | model years 2011 & 2012       |
| OT  | justed to reflect all prior rate of angle in Company's premium level we sult from application of new rate | hdah  |                               |

Madison Mutual Insurance Co.

Name of Company

Michelle Goestenkors - Market Analyst
Official - Title

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/19/11 for New Business, 5/24/11 for Renewals .

| -       | (1)                                     | (2)<br>Annual Premium         | (3)<br>Percent                                 |
|---------|---|-------------------------------|--|
|         | Coverage                                | Volume (Illinois) *           | Change (+or-) **                               |
| 1.      | Automobile Liability Private            |                               |  |
|         | Passenger                               | \$2,806,233                   | .99%   |
| ^       | Commercial                              |                               |  |
| 2       | Automobile Physical Damag               |                               | •  |
|         | Private Passenger                       | \$553,429                     | -1.46%   |
| ^       | Commercial                              |                               |  |
| 3.      | Liability Other Than Auto               |                               |  |
| 4.<br>- | Burglary and Theft                      |                               |  |
| 5.      | Glass                                   |                               |  |
| 6.      | Fidelity                                |                               |  |
| 7.      | Surety                                  |                               |  |
| 8.      | Boiler and Machinery                    |                               |  |
| 9.      | Fire                                    |                               |  |
| 10.     | Extended Coverage                       |                               |  |
| 11.     | Inland Marine                           |                               |  |
| 12.     | Homeowners                              |                               |  |
| 13.     | Commercial Multi-Peril                  |                               |  |
| 14.     | Crop Hail                               |                               |  |
| 15.     | Other                                   |                               |  |
|         | Life of Insurance                       |                               | ****   |
| •       |   |                               |  |
|         | Does filing only apply to certa         | in territory (territories) or | certain  |
|         | Classes? If so,                         |                               |  |
|         | specify: No No                          |                               |  |
|         |   |                               |  |
|         | Brief description of filing. (If fi     | ling follows rates of an ac   | dvisory  |
|         | Organization, specify                   |                               |  |
|         | organization):                          |                               | tes and territory factors for competitiveness. |
|         | Removed the application completion disc | count.                        |  |
|         |   |                               |  |
|         | *Adjusted to reflect all prior ra       |                               |  |
|         | **Change in Company's prem              | ium level which will resul    | t from application of new                      |
|         | rates.                                  |                               |  |
|         |   |                               | Assurance Corporation                          |
|         |   |                               | ne of Company                                  |
|         |   | Natalee Turpin - Pro          |  |
|         |   | C                             | Official – Title                               |

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/19/11 for New Business, 5/24/11 for Renewals .

| <u>-</u> | (1)<br>Coverage  | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) **                  |
|----------|--|--|---|
| ۱.       | Automobile Liability Private   |  |   |
|          | Passenger  | \$1,413,051                            | 7.52%   |
|          | Commercial   |  |   |
| <u>}</u> | Automobile Physical Damag  |  |   |
|          | Private Passenger  | \$385,845                              | 0.00%   |
|          | Commercial   |  |   |
| i.       | Liability Other Than Auto  |  |   |
|          | Burglary and Theft   |  |   |
|          | Glass  |  |   |
|          | Fidelity   |  |   |
| •        | Surety   |  |   |
|          | Boiler and Machinery   |  |   |
|          | Fire   |  |   |
| 0.       | Extended Coverage  |  |   |
| 1.       | Inland Marine  |  |   |
| 2.       | Homeowners   |  |   |
| 3.       | Commercial Multi-Peril   |  |   |
| 4.       | Crop Hail  |  |   |
| 5.       | Other  |  |   |
|          | Life of Insurance  |  |   |
| *        | Does filing only apply to certa Classes? If so, specify: No          | nin territory (territories) or         | r certain ·                                   |
|          | Brief description of filing. (If f                                   | iling follows rates of an a            | advison                                       |
|          | Organization, specify  | ining follows rates or arra            | id Visor y                                    |
|          | organization):   | Modified driver class, base re         | ates and territory factors for competitivenes |
|          | Removed the application completion dis                               |  |   |
|          |  |  |   |
|          | *Adjusted to reflect all prior ra<br>**Change in Company's premates. |  | ılt from application of new                   |
|          |  |  | al Assurance Corporation of Ohio              |
|          |  |  | me of Company                                 |
|          |  | Natalee Turpin - Pr                    | roduct Manager                                |

|            | Change in Company's premiu   | m or rate level produced by                | rate revision effective           | 3/17/2011                        |
|------------|--|--|-----------------------------------|----------------------------------|
|            |  | (2)<br>Annual Premium<br>Volume (Illinois) | (3)<br>Percent<br>Change (+ or -) |                                  |
| 1.         | Automobile Liability Private Passenger Commercial                          |  |                                   |                                  |
| 2.         | Automobile Physical Damage<br>Private Passenger<br>Commercial              | 4,907,071                                  | 0.5%                              |                                  |
| 3.         | Liability Other Than Auto  |  |                                   |                                  |
| 4.         | Burglary and Theft   |  |                                   |                                  |
| 5.         | Glass  |  |                                   |                                  |
| 6.         | Fidelity   |  |                                   |                                  |
| 7.         | Surety   |  |                                   |                                  |
| 8.<br>9.   | Boiler and Machinery Fire  |  |                                   |                                  |
| 9.<br>10.  | Extended Coverage  |  |                                   |                                  |
| 11.        | Inland Marine  |  |                                   |                                  |
| 12.        | Homeowners   |  |                                   |                                  |
| 13.        | Commercial Multi-Peril   |  |                                   |                                  |
| 14.        | Crop Hail  |  |                                   |                                  |
| 15.        | Other  |  |                                   |                                  |
|            | Line of Insurance  |  |                                   |                                  |
| Doe<br>No. | s filing only apply to certain territo                                     | ry (territories) or certain cla            | isses? If so, specify:            |                                  |
|            | f description of filing. (If filing follo<br>Symbols Model Year 2011 Corre |  | ganization, specify organizati    | on):                             |
|            |  | 200000000000000000000000000000000000000    |                                   |                                  |
|            |  | PROPERTY A                                 |                                   | E COMPANY OF HARTFORD of Company |
|            |  |  |                                   | - Actuarial Assistant            |
|            |  |  | Offi                              | cial - Title                     |

# RECEIVED

APR 15 2011

Change in Company's premium or rate level produced by rate Revision effective <u>5/01/2011 New 6/1/2011 Renewal</u>.

#### STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

|           | (1)  | (2)                            | (3)                      |
|-----------|--|--------------------------------|--------------------------|
|           |  | Annual Premium                 | Percent                  |
|           | Coverage                                       | Volume (Illinois) *            | <u>Change (+ or -)**</u> |
| . •       | Automobile Liability                           |                                |                          |
|           | Private Passenger                              | \$8,108,442                    | + 5.2%                   |
|           | Commercial                                     |                                |                          |
| 2.        | Automobile Physical Damage                     |                                |                          |
|           | Private Passenger                              | \$6,355,781                    | + 1.7%                   |
|           | Commercial                                     |                                |                          |
| 3.        | Liability Other Than Auto                      |                                |                          |
| ١.        | Burglary and Theft                             |                                |                          |
| 5.        | Glass  |                                |                          |
| 5.        | Fidelity                                       |                                |                          |
| 7.        | Surety   |                                |                          |
| 3.        | Boiler and Machinery                           |                                |                          |
| ).        | Fire   |                                |                          |
|           | Extended Coverage                              |                                |                          |
| . •       | Inland Marine                                  |                                |                          |
| 2.        | Homeowners                                     |                                |                          |
| 3.        | Commercial Multi-Peril                         |                                |                          |
| <b>}.</b> | Crop Hail                                      |                                |                          |
| 5         | Other  |                                |                          |
|           | Line of Insurance                              |                                |                          |
|           | filing only apply to certain territory (to No. | erritories) or certain classes | s? If so, specify:       |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Rockford Mutual Insurance Company
Name of Company

Marci Meyer
Senior Product Analyst-Personal Lines
Official - Title

|     | (1)   | (2)<br>Annual Premium | (3)<br>Percent                  |
|-----|---|-----------------------|---------------------------------|
|     | <u>Coverage</u>   | Volume (Illinois)*    | Change $(+ \text{ or } -)^{**}$ |
| 1.  | Automobile Liability  |                       |                                 |
|     | Private Passenger<br>Commercial                               | \$31,368,992          | 0.7%                            |
| 2.  | Automobile Physical Damage<br>Private Passenger<br>Commercial | \$22,615,896          | 1.0%                            |
| 3.  | Liability Other Than Auto                                     |                       | <u> </u>                        |
| 4.  | Burglary and Theft  |                       |                                 |
| 5.  | Glass   |                       |                                 |
| 6.  | Fidelity  |                       |                                 |
| 7.  | Surety  |                       |                                 |
| 8.  | Boiler and Machinery  |                       |                                 |
| 9.  | Fire  |                       |                                 |
| 10. | Extended Coverage   |                       |                                 |
| 11. | Inland Marine   |                       |                                 |
| 12. | Homeowners  |                       |                                 |
| 13. | Commercial Multi-Peril  |                       |                                 |
| 14. | Crop Hail   |                       |                                 |
| 15. | Other   |                       |                                 |
|     | Line of Insurance   |                       |                                 |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

In conjunction with our rule and rate filing effective May 14, 2011 for new business and July 20, 2011 for renewal business, we are modifying our underwriting scorecard and tiering model in Illinois. It is our understanding that the Division will consider this model, which includes insurance scoring, to be confidential pursuant to 215 ILCS 157/40 ("any filing relating to credit information is considered to be a trade secret under the Illinois Trade Secrets Act."). As a result, we have delivered the model to you via overnight mail instead of a SERFF filing. Please contact me immediately if the Division does not intend to treat this filing as confidential.

#### Enclosed please find:

- Underwriting Scorecard
- Tiering Model
- Treatment of No Hits/No Scores
- Certificate of Compliance Form

Nothing has changed from our previously filed manual except for those items highlighted in this filing.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Safeco Insurance Company of Illinois (111-39012) Name of Company Craig Beeson, Director of State

Official - Title

Operations

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

# **SUMMARY SHEET**

| Change in Company's premium o | rate level produced | by rate revision |
|-------------------------------|---------------------|------------------|
| effective 04/15/2011          |                     | •                |

|   | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or-) **           |
|---|---|--|--|
| • | Automobile Liability Private                                      |  |  |
|   | Passenger   | 6,540  | 0%                                     |
|   | Commercial  | **************************************       | ************************************** |
|   | Automobile Physical Damag   |  |  |
|   | Private Passenger   | 8,003  | 0%                                     |
|   | Commercial  |  |  |
|   | Liability Other Than Auto   |  |  |
|   | Burglary and Theft  |  |  |
|   | Glass   |  |  |
|   | Fidelity  |  |  |
|   | Surety  |  |  |
|   | Boiler and Machinery  | ***************************************      |  |
|   | Fire  |  |  |
|   | Extended Coverage   |  |  |
|   | Inland Marine   |  | -                                      |
|   | Homeowners  |  |  |
|   | Commercial Multi-Peril  |  |  |
|   | Crop Hail   |  |  |
|   | Other   |  |  |
|   | Life of Insurance   |  |  |
|   | Does filing only apply to certa Classes? If so, specify: N/A      | in territory (territories) o                 | r certain                              |
|   |   |  |  |
|   | Brief description of filing, (If f                                | lling follows rates of an a                  | advisory                               |
|   | Organization, specify   | Donath Oll 1                                 |  |
|   | organization):  |  | ng Law Office is being added as        |
|   | an approved group eligible to recei                               | ve the Group Discount.                       |  |
|   | *Adjusted to reflect all prior ra **Change in Company's premates. |  | ult from application of new            |
|   |   | SECURA Suprem                                | e Insurance Company                    |
|   |   |  | ime of Company                         |
|   |   |  | President, General Counsel             |

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

#### **SUMMARY SHEET**

| Change in Company's premium or rate level produced by rate revision effective 07/27/2011 |                               |                                |  |  |  |
|--|-------------------------------|--------------------------------|--|--|--|
| (1)  | (2)<br>Annual Premium         | (3)<br>Percent                 |  |  |  |
| Coverage   | Volume (Illinois) *           | Change (+or-) **               |  |  |  |
| Automobile Liability Private   |                               |                                |  |  |  |
| Passenger  | \$ 2,441,824                  | +1.4%                          |  |  |  |
| Commercial   |                               |                                |  |  |  |
| Automobile Physical Damag  |                               |                                |  |  |  |
| Private Passenger  | \$ 1,373,947                  | -2.5%                          |  |  |  |
| Commercial   |                               |                                |  |  |  |
| Liability Other Than Auto  |                               |                                |  |  |  |
| Burglary and Theft   |                               |                                |  |  |  |
| Glass  |                               |                                |  |  |  |
| Fidelity   |                               |                                |  |  |  |
| Surety   |                               |                                |  |  |  |
| Boiler and Machinery   |                               |                                |  |  |  |
| Fire   |                               |                                |  |  |  |
| Extended Coverage  |                               |                                |  |  |  |
| Inland Marine  |                               |                                |  |  |  |
| Homeowners   |                               |                                |  |  |  |
| Commercial Multi-Peril   |                               |                                |  |  |  |
| Crop Hail  |                               |                                |  |  |  |
| Other  |                               |                                |  |  |  |
| Life of Insurance  |                               |                                |  |  |  |
| Does filing only apply to certa  | in territory (territories) or | certain                        |  |  |  |
| Classes? If so,  |                               |                                |  |  |  |
| specify: No  |                               |                                |  |  |  |
| Brief description of filing. (If f   | iling follows rates of an a   | advisory                       |  |  |  |
| Organization, specify  |                               | ,                              |  |  |  |
| organization):   | Revised Model Year,           | Class Factors, Auto/Home Disc. |  |  |  |
| Closing split liability limits below 50  |                               |                                |  |  |  |
| Other minor editorial changes to m   |                               |                                |  |  |  |
| *Adjusted to reflect all prior re  |                               |                                |  |  |  |

Sentry Insurance a Mutual Company Name of Company Mike Williams - Vice President, Chief Actuary Official - Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

|        | hange in Company's premium or rate leoduced by rate revision effective         |   | dated July 1, 2011 and later            |
|--------|--|---|---|
| þi     | (1)  | (2)   | (3)                                     |
|        | Coverage   | Annual Premium  | Percent                                 |
|        | COVOIAGE   | Volume (Illinois)*                                      | Change (+ or -)**                       |
|        |  | <u> </u>  | <u> </u>                                |
| 1.     | Automobile Liability   |   |   |
|        | Private Passenger  | \$62,044,664  | 0.0%                                    |
|        | Commercial   |   |   |
| 2.     | Automobile Physical Damage   |   |   |
|        | Private Passenger  | \$34,343,597  | 0.0%                                    |
|        | Commercial   |   |   |
| 3.     | Liability Other Than Auto  |   |   |
| 4.     | Burglary and Theft   |   |   |
| 5.     | Glass  |   |   |
| 6.     | Fidelity   |   |   |
| 7.     | Surety   |   |   |
| 8.     | Boiler and Machinery   |   |   |
| 9.     | Fire   |   |   |
| 10.    | Extended Coverage  |   |   |
| 11.    | Inland Marine  |   |   |
| 12.    | Homeowners   |   |   |
| 13.    | Commercial Multi-Peril   |   |   |
| 14.    | Crop Hail  |   |   |
| 15.    | Other  |   |   |
|        | Line of Insurance  |   |   |
|        | filing only apply to certain territory (te                                     | rritories) or certain classes? If so, spe               | ecify:                                  |
|        | N/A  |   | • |
|        | description of filing. (If filing follows                                      |   |   |
|        | Make and model rating program for mo   | otorcycle insurance. The overall rate                   | impact on motorcycles is -0./%.         |
| * A J: | atad ta maffaat all muian mata ahamaaa   |   |   |
|        | sted to reflect all prior rate changes.<br>hange in Company's premium level wh | vich will   |   |
|        | esult from application of new rates.   | nen win   |   |
| 10     | suit from application of new rates.  |   |   |
|        |  |   |   |
|        |  |   |   |
|        |  | State Farm Fire and Casualty                            | y Company                               |
|        |  | Name of Compan  | у                                       |
|        | 5  | CAT Manufacture And annual Action                       | C                                       |
|        | Da   | vid L. Menning, Actuary and Assista<br>Official - Title | int Secretary-Treasurer                 |
|        |  | Official - Little                                       |   |

# ILLINOIS

# SUMMARY SHEET (Form RF-3)

| Change in Company's premium or rate level production   | June 1, 2011                           |                   |
|--|--|-------------------|
| (1)  | (2)                                    | (3)               |
| (-)  | Estimated                              | (-)               |
|  | Annual Premium                         | Percent           |
| Coverage   | Volume (Illinois)*                     | Change (+ or -)** |
| 1. A. a 121 - 122 - 122 - 123  |  |                   |
| 1. Automobile Liability  | \$62.044.664                           | 0.00/             |
| Private Passenger  | \$62,044,664                           | 0.0%              |
| Commercial   | \$881,262                              | 0.0%              |
| 2. Automobile Physical Damage  | \$2.4.2.42.507                         | 0.0%              |
| Private Passenger  | \$34,343,597                           | 0.0%              |
| Commercial   | \$188,417                              | 0.076             |
| 3. Liability Other Than Auto   |  |                   |
| 4. Burglary and Theft  |  |                   |
| 5. Glass   |  |                   |
| 6. Fidelity  |  | <del> </del>      |
| 7. Surety  |  |                   |
| 8. Boiler and Machinery 9. Fire  |  |                   |
|  |  |                   |
| 10. Extended Coverage 11. Inland Marine  |  |                   |
|  |  |                   |
| 12. Homeowners 13. Commercial Multi-Peril  |  |                   |
|  |  |                   |
| 14. Crop Hail<br>15. Other   | <del></del>                            |                   |
| Line of Insurance  |  |                   |
| Line of insurance  |  |                   |
| Does filing only apply to certain territory (territo   | ories) or certain classes? If so, spec | cify:             |
| N/A  |  |                   |
| and the second s |  |                   |
| Brief description of filing. (If filing follows rate   |  |                   |
| Revised rules to comply with IL SB 1716. Refer   | rences to civil unions were added t    | o Rules 204, 404, |
| 501, 502, 506, and 601.  |  |                   |
|  | · · · · · · · · · · · · · · · · · · ·  |                   |
|  |  |                   |
|  |  |                   |
|  |  |                   |
|  |  |                   |
| * Adjusted to reflect all prior rate changes.  |  |                   |
| ** Change in Company's premium level which v   | will result from application of new    | rates.            |
|  |  |                   |
| STATE FADM FIDE  | AND CASUALTY COMPANY                   |                   |
|  | e of Company                           |                   |
|  |  |                   |
| KAREN TERRY ACTUARY AND  | A SSISTANT SECDETADV TD                | EACHDED           |

|       | nange in Company's premium or rate lo<br>oduced by rate revision effective | evel On new and renewal policies         | s dated July 1, 2011 and later.  |
|-------|--|--|----------------------------------|
| þı    | (1)  | (2)                                      | (3)                              |
|       | Coverage   | Annual Premium                           | Percent                          |
|       | Coverage   | Volume (Illinois)*                       | <u>Change (+ or -)**</u>         |
|       |  | voidine (minors)                         |                                  |
| 1.    | Automobile Liability   |  |                                  |
|       | Private Passenger  | \$1,039,409,703                          | 0.0%                             |
|       | Commercial   |  |                                  |
| 2.    | Automobile Physical Damage   |  |                                  |
|       | Private Passenger  | \$652,464,640                            | 0.0%                             |
|       | Commercial   |  |                                  |
| 3.    | Liability Other Than Auto  |  |                                  |
| 4.    | Burglary and Theft   |  |                                  |
| 5.    | Glass  |  |                                  |
| 6.    | Fidelity   |  |                                  |
| 7.    | Surety   |  |                                  |
| 8.    | Boiler and Machinery   |  |                                  |
| 9.    | Fire   |  |                                  |
| 10.   | Extended Coverage  |  |                                  |
| 11.   | Inland Marine  |  |                                  |
| 12.   | Homeowners   |  |                                  |
| 13.   | Commercial Multi-Peril   |  |                                  |
| 14.   | Crop Hail  |  |                                  |
| 15.   | Other  |  |                                  |
|       | Line of Insurance  |  |                                  |
|       | filing only apply to certain territory (te                                 | rritories) or certain classes? If so, sp | ecity:                           |
|       | N/A description of filing. (If filing follows                              |  | enify argonization):             |
| Brier | Make and model rating program for mo                                       | rates of an advisory organization, sp    | e impact on motorcycles is -0.7% |
|       | wake and model rating program for the                                      | otorcycle insurance. The overall rate    | impact on motorcycles is -0.770. |
| *Adiu | sted to reflect all prior rate changes.                                    |  |                                  |
|       | hange in Company's premium level wh  | nich will                                |                                  |
|       | esult from application of new rates.                                       |  |                                  |
|       | ••   |  |                                  |
|       |  |  |                                  |
|       |  | State Farm Mutual Automobile In          |                                  |
|       |  | Name of Compar                           | ny                               |
|       | Da   | wid L. Menning, Actuary and Assist       | ant Secretary-Treasurer          |
|       | <del></del>  | Official - Title                         |                                  |

# ILLINOIS

# SUMMARY SHEET (Form RF-3)

| (1) Extimated Annual Premium Volume (Illinois)* Change (+ or -)**  1. Automobile Liability Private Passenger \$1,039,409,703 0.0% Commercial \$1,5683,057 0.0%  2. Automobile Physical Damage Private Passenger \$652,464,640 0.0% Commercial \$4,131,406 0.0%  3. Liability Other Than Auto \$4,131,406 0.0%  5. Glass \$6. Fidelity 7. Surety \$8. Boiler and Machinery \$9. Fire \$10. Extended Coverage \$11. Inland Marine \$12. Homeowners \$13. Commercial Multi-Peril \$14. Crop Hail \$15. Other \$15. Change \$15. Chang | Change in Company's premium or rate level produced         | June 1, 2011                    |   |
|---|--|---------------------------------|---|
| Estimated   Annual Premium   Percent  |  |                                 |   |
| Estimated   Annual Premium   Percent  | 41)  | (2)                             | . (2)                                   |
| Annual Premium Percent Coverage    Annual Premium Volume (Illinois)* Change (+ or -)**   Change (+ or -)**  | (1)  |                                 | (3)                                     |
| Coverage   Volume (Illinois)*   Change (+ or -)**   |  |                                 | Doverant                                |
| 1. Automobile Liability Private Passenger Commercial S15,683,057 0.0%  2. Automobile Physical Damage Private Passenger S652,464,640 0.0% Commercial S4,131,406 0.0% 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  | Commission   |                                 |   |
| Private Passenger Commercial S15,683,057 0.0% Commercial Private Passenger Private Passenger S652,464,640 0.0% Commercial S4,131,406 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,083,1406 0.0% S15,131,406 0.0% S15  | <u>Coverage</u>  | Volume (Illinois)*              | Change (+ or -)**                       |
| Private Passenger Commercial S15,683,057 0.0% Commercial Private Passenger Private Passenger S652,464,640 0.0% Commercial S4,131,406 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,683,057 0.0% S15,083,1406 0.0% S15,131,406 0.0% S15  | 1. Automobile Liability                                    |                                 |   |
| Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filling follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  |  | \$1,039,409,703                 | 0.0%                                    |
| 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  |  |                                 | 0.0%                                    |
| Private Passenger Commercial Statistity Other Than Auto  4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  |  |                                 |   |
| Commercial  3. Liability Other Than Auto  4. Burglary and Theft  5. Glass  6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company   |  | \$652,464,640                   | 0.0%                                    |
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  |  |                                 | 0.0%                                    |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Adjusted to reflect all prior rate changes.  * Adjusted to reflect all prior rate changes.  |  |                                 |   |
| 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  | • • • • • • • • • • • • • • • • • • •                      |                                 | ——————————————————————————————————————  |
| 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company   |  | -,                              |   |
| 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  |  |                                 |   |
| 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  | •  |                                 |   |
| 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company   | ·  |                                 |   |
| 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company   |  |                                 |   |
| 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company   | 10. Extended Coverage                                      |                                 |   |
| 12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company   |  |                                 |   |
| 13. Commercial Multi-Peril  14. Crop Hail  15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  Name of Company  |  |                                 |   |
| 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  Name of Company   |  |                                 |   |
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| Does filing only apply to certain territory (territories) or certain classes? If so, specify:  N/A  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  Name of Company  |  |                                 |   |
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  | Line of Insurance  |                                 |   |
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rules to comply with IL SB 1716. References to civil unions were added to Rules 204, 404, 501, 502, 506, and 601.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  |  |                                 |   |
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| * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  | N/A  |                                 |   |
| * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  |  | - · · · · ·                     |   |
| * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  | Brief description of filing. (If filing follows rates of a | n advisory organization, spec   | ify organization):                      |
| * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  |  |                                 |   |
| * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  Name of Company   |  |                                 | , |
| ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  Name of Company  |  |                                 |   |
| ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  Name of Company  |  |                                 |   |
| ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  Name of Company  |  |                                 |   |
| ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  Name of Company  |  |                                 |   |
| ** Change in Company's premium level which will result from application of new rates.  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  Name of Company  |  |                                 |   |
| STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company  |  |                                 |   |
| Name of Company   | ** Change in Company's premium level which will re         | sult from application of new    | rates.                                  |
| Name of Company   |  |                                 |   |
| Name of Company   | OT ATE DADA AND LATER AND AND                              |                                 | A N 137                                 |
|   |  |                                 | ANY                                     |
| KAREN TERRY, ACTUARY AND ASSISTANT SECRETARY-TREASURER  | Name of C  | ошрапу                          |   |
| KAREN TERRY, ACTUARY AND ASSISTANT SECRETARY-TREASURER  |  |                                 |   |
|   | KAREN TERRY, ACTUARY AND ASS                               | SISTANT SECRETARY-TRE           | EASURER                                 |

| Change in Company': | s premium | or rate | level | produced | bу | rate |
|---------------------|-----------|---------|-------|----------|----|------|
| Revision effective  | 04-17-11  |         |       |          |    |      |

|         | (1)<br><u>Coverage</u>                                      | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3) Percent Change (+ or -)** |
|---------|---|--|-------------------------------|
| 1.      | Automobile Liability Private Passenger Commercial           | \$3,387,244  | +3.23%                        |
| 2.      | Automobile Physical Damage Private Passenger Commercial     | \$2,482,180  | +1.72%                        |
| 3.      | Liability Other Than Auto                                   |  |                               |
| 4.      | Burglary and Theft  |  |                               |
| 5.      | Glass   |  |                               |
| 6.<br>- | Fidelity  |  |                               |
| 7.      | Surety  |  |                               |
| 8.      | Boiler and Machinery  |  |                               |
| 9.      | Fire  |  |                               |
| 10.     | Extended Coverage   |  |                               |
| 11.     | Inland Marine   |  |                               |
| 12.     | Homeowners  |  |                               |
| 13.     | Commercial Multi-Peril                                      |  |                               |
| 14.     | Crop Hail   |  |                               |
| 15.     | Other Line of Insurance                                     |  |                               |
|         | Elito of modianos   |  |                               |
|         | es filing only apply to certain te<br>sses? If so, specify: | rritory (territories) or cer                       | tain                          |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revision to Base Rate Factors and additional class plan changes as well as revision to our Capping Rule. The overall rate impact of this change is +2.59%.

Travelers Commercial Insurance Company

Name of Company

Vice President

<sup>\*</sup> Adjusted to reflect all prior rate changes.

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate Revision effective 04-17-11

|     | (1)<br><u>Coverage</u>                                      | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br>Change (+ or -)** |
|-----|---|--|-------------------------------------|
| 1.  | Automobile Liability  | 455 500 151  | +3.12%                              |
|     | Private Passenger   | \$57,709,151                                       | +3.128                              |
| ^   | Commercial  |  |                                     |
| 2.  | Automobile Physical Damage                                  | \$40,192,427                                       | +1.62%                              |
|     | Private Passenger<br>Commercial                             | Ş40,132,427  | 11.020                              |
| 3.  | Liability Other Than Auto                                   |  |                                     |
| 4.  | Burglary and Theft  |  |                                     |
| 5.  | Glass   |  |                                     |
| 6.  | Fidelity  |  |                                     |
| 7.  | Surety  |  |                                     |
| 8.  | Boiler and Machinery  |  |                                     |
| 9.  | Fire  |  |                                     |
| 10. | Extended Coverage   |  |                                     |
| 11. | Inland Marine   |  |                                     |
|     | Homeowners  |  |                                     |
| 13. | Commercial Multi-Peril                                      |  |                                     |
| 14. | Crop Hail   |  |                                     |
| 15. | Other Line of Insurance                                     |  |                                     |
|     | Line of insurance   |  |                                     |
|     | es filing only apply to certain te<br>sses? If so, specify: | rritory (territories) or cer                       | tain                                |
|     |   |  |                                     |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revision to Base Rate Factors and additional class plan changes as well as revision to our Capping Rule. The overall rate impact of this change is +2.50%.

The Travelers Home and Marine Insurance Company

Name of Company

Sur Wice President

<sup>\*</sup> Adjusted to reflect all prior rate changes.

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

|            | Change in Company's premium                                   | or rate level produced by             | rate revision effective         | March 5, 2011       |
|------------|---|---------------------------------------|---------------------------------|---------------------|
|            |   | (2)<br>Annual Premium                 | (3)<br>Percent                  |                     |
|            |   | Volume (Illinois)                     | Change (+ or -)                 |                     |
| 1.         | Automobile Liability  |                                       |                                 |                     |
|            | Private Passenger<br>Commercial                               | 22,746,421                            | 1.4%                            |                     |
| 2.         | Automobile Physical Damage<br>Private Passenger<br>Commercial | 13,642,725                            | -2.5%                           |                     |
| 3.         | Liability Other Than Auto                                     |                                       |                                 |                     |
| 4.         | Burglary and Theft  |                                       |                                 |                     |
| 5.         | Glass   |                                       |                                 |                     |
| <b>6</b> . | Fidelity  |                                       |                                 |                     |
| 7.         | Surety  | <del></del>                           |                                 |                     |
| 8.         | Boiler and Machinery  |                                       |                                 |                     |
| 9.         | Fire  |                                       |                                 |                     |
| 10.        | Extended Coverage   |                                       | <del></del>                     |                     |
| 11.<br>12. | Inland Marine   | · · · · · · · · · · · · · · · · · · · |                                 |                     |
| 13.        | Homeowners  |                                       |                                 |                     |
| 14.        | Commercial Multi-Peril Crop Hail                              |                                       |                                 |                     |
| 15.        | Other   |                                       |                                 |                     |
| 10.        | Line of Insurance   |                                       | <del></del>                     |                     |
| Door       |   | · (torritorios) or sortain ala        | occess of on onesity            |                     |
| No.        | s filing only apply to certain territory                      | (terniones) or certain clas           |                                 |                     |
| Brief      | description of filing. (If filing follow                      | us rates of an advisory are           | anization, specify organization | nn):                |
|            | sion of existing class plan. Revised                          |                                       |                                 |                     |
| com        | position, personal umbrella accoun                            | t discount market modifie             | rs and new vehicle discount     | Implementation      |
|            | ne Hartford's proprietary symbols for                         |                                       |                                 |                     |
|            | n an accompanying filing.                                     | or account invalor accorde            | 7 Tato Volliero Tating. 111000  | proprietary cymbole |
|            |   |                                       |                                 |                     |
|            |   |                                       | Trumbuil Inc                    | ırance Company      |
|            |   |                                       |                                 | of Company          |
|            |   |                                       | Lon Chang - A                   | ctuarial Assistant  |
|            |   |                                       |                                 | ial - Title         |
|            |   |                                       | Cilio                           |                     |

Form (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/20/11 New Business, 3/14/11 Renewal Business

|     | revision effective 1/20/11 New Busin           | less, 3/14/11 Reflewar Business       |                                 |
|-----|--|---------------------------------------|---------------------------------|
|     | (1)  | (2)                                   | (3)                             |
|     |  | Annual Premium                        | Percent                         |
|     | Coverage                                       | Volume (Illinois)*                    | Change ( + or - ) **            |
| 1   | Automobile Liability                           |                                       |                                 |
| ٠.  | Private Passenger                              | 53,224                                | 50.3%                           |
|     | Commercial                                     |                                       |                                 |
| 2   | Automobile Physical Damage                     |                                       |                                 |
| ۷.  | Private Passenger                              | 46,611                                | 23.4%                           |
|     | Commercial                                     |                                       |                                 |
| 3   | Liability other than Auto                      |                                       |                                 |
|     | Burglary and Theft                             |                                       |                                 |
|     | Glass  |                                       |                                 |
|     | Fidelity                                       |                                       |                                 |
|     | Surety   |                                       |                                 |
|     | Boiler and Machinery                           |                                       |                                 |
|     | Fire   |                                       |                                 |
|     | Extended Coverage                              |                                       |                                 |
|     | Inland Marine                                  | 15                                    |                                 |
|     | Homeowners                                     | 45,613                                | 60.0%                           |
|     | Commercial Multi-Peril*                        |                                       |                                 |
|     | Crop Hail                                      |                                       |                                 |
|     | Other  |                                       |                                 |
| 13. | Other  |                                       |                                 |
|     |  |                                       |                                 |
|     | Does filing only apply to certain territory    | ( territories ) or certain            |                                 |
|     | classes? If so, specify: No.                   | ·                                     |                                 |
|     | classes: If so, specify.                       |                                       |                                 |
|     |  |                                       |                                 |
| •   |  |                                       |                                 |
|     |  |                                       |                                 |
|     | Brief description of filing. (If filing follow | s rates of an advisory                |                                 |
|     | organization, specify organization):           | For Home, revising base rates and     | the following factors: Cov A,   |
|     |  |                                       |                                 |
|     | Ins Score, Age of Dwelling, Age of Roof, Ag    | e of Insured, Prot Class, Marital Sta | tus/Gender, Loss History,       |
|     | and Zip Code. For Auto, revising base rates    | and the following factors: Driver Cl  | ass Ins Score AccA/iol          |
| -   | and Zip Code. For Auto, revising base rates    | and the following factors. Driver Cla | 233, 1113 30016, A00/ VIOI,     |
|     | Good Student, Model Year, Symbol, Veh M        | ake Vehillee Additional Limits De     | ductible County and Zin Code    |
| -   | Good Student, Model Teal, Symbol, Verrin       | and, ven ose, Additional Limits, Del  | addition, County, and 2th Code. |

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Trustgard Insurance Company
Name of Company

Bill Cubbison, Product Manager Official - Title

|                   | Change in Company's premium  | or rate level produced by        | rate revision effective       | March 5, 2011                |
|-------------------|--|----------------------------------|-------------------------------|------------------------------|
|                   |  | (2)                              | (3)                           |                              |
|                   |  | Annual Premium Volume (Illinois) | Percent Change (+ or -)       |                              |
| 1.                | Automobile Liability Private Passenger Commercial                      | 5,524,243                        | 1.4%                          |                              |
| 2.                | Automobile Physical Damage<br>Private Passenger<br>Commercial          | 3,496,182                        | -2.5%                         |                              |
| 3.<br>4.          | Liability Other Than Auto<br>Burglary and Theft                        |                                  |                               |                              |
| 5.<br>6.<br>7.    | Glass<br>Fidelity<br>Surety  |                                  |                               |                              |
| 8.<br>9.          | Boiler and Machinery Fire  |                                  |                               |                              |
| 10.<br>11.<br>12. | Extended Coverage Inland Marine Homeowners                             |                                  |                               |                              |
| 13.<br>14.        | Commercial Multi-Peril<br>Crop Hail                                    |                                  |                               |                              |
| 15.               | OtherLine of Insurance   |                                  |                               |                              |
| Doe:<br>No.       | s filing only apply to certain territor                                | y (territories) or certain cla   | sses? If so, specify:         |                              |
| Brief             | description of filing. (If filing follow                               | vs rates of an advisory org      | ganization, specify organizat | ion):                        |
| Revi              | sion of existing class plan. Revise position, personal umbrella accour | d class plan factors and th      | e introduction of enhanced    | household                    |
| of Ti             | ne Hartford's proprietary symbols f                                    | or use in Private Passenge       | er Auto vehicle rating. These | e proprietary symbols        |
| are i             | n an accompanying filing.  |                                  |                               |                              |
|                   |  |                                  |                               | surance Company<br>f Company |
|                   |  |                                  |                               | ctuarial Assistant           |
|                   |  |                                  | Officia                       | al - Title                   |

|    | (1)                        | (2)<br>Annual Premium | (3)<br>Percent           |
|----|----------------------------|-----------------------|--------------------------|
|    | Coverage                   | Volume (Illinois)*    | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability       | ,                     |                          |
|    | Private Passenger          | 14,254,406            | +1.2%                    |
|    | Commercial                 |                       |                          |
| 2. | Automobile Physical Damage |                       |                          |
|    | Private Passenger          | 9,722,361             | -2.5%                    |
|    | Commercial                 |                       |                          |
| 3. | Liability Other Than Auto  |                       |                          |
| 4. | Burglary and Theft         |                       |                          |
| 5. | Glass                      |                       |                          |
| 6. | Fidelity                   |                       |                          |
| 7. | Surety                     |                       |                          |
| 8. | Boiler and Machinery       |                       |                          |
| 9. | Fire                       | 764,690               | +0.2%                    |
| 0. | Extended Coverage          |                       |                          |
| 1. | Inland Marine              | 978,390               | +0.2%                    |
| 2. | Homeowners                 | 11,000,367            | +7.1%                    |
| 3. | Commercial Multi-Peril     |                       |                          |
| 4. | Crop Hail                  |                       |                          |
| 5. | Other                      |                       |                          |
|    | Line of Insurance          |                       |                          |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Personal Auto Med Pay premiums for all territories were increased by an average of +4.9%. UIM premiums by +10%, and UMPD premiums by +0.2%. Collision premiums were decreased by an average of -4.5%. Comprehensive premiums were increased by an average of 3.0%. This resulted in an average Personal Auto rate change for all territories of -0.3%. Motorcycle premiums, which are part of Personal Auto, were increased by an average of 6.8%.

For Homeowners, HO 03 premiums were increased by an average of 7.7%. HO 04 premiums were increased by an average of 0.1%, and HO 06 permiums were increased by an average of +9.0%. A Water Back-Up change of +5.2% was also applied. The total impact to Homeowners from these changes is +7.1% A minimal impact of +0.2% is being applied to Inland Marine and Dwelling Property. This change produces no material effect to the overall statewide premium volume.

All proposed changes to the Home & Highway program result in an overall average change of approximately +1.9%

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance
Name of Company

Jonathan Schulz, Prod Mgr.

Official - Title